

DLD Office Use Only:

\$15 LERN **ORG LERN**

DPC **DL** **CDL** **ID** **IDD**

LTID **LTDL** **LTCDL**

Class: **A** **B** **C** **D**Endorsement: **H** **N** **X** **Z** **P** **S** **T** **M**

Visual Acuity: Passed Failed Eye Statement

Restrictions: **A** **B** **K** **L** **G** **V**

J: _____

Motorcycle Restrictions: **O** **2** **3**

Testing: Written Road Refugee/Asylee

Station: _____ Employee #: _____ Initials: _____

Name Change

From: _____

To: _____

ID #1: _____

ID #2: _____

Legal Presence: _____

BC Name: _____

DOB: ____/____/____ File Date: ____/____/____

State File #: _____

Iss. Agency: _____

SSN: ____ - ____ - ____ Date: ____/____/____

SSV: Yes / Override Date: ____/____/____

Address Verified: Y / N _____

SAVE: 1st _____
2nd _____ 3rd _____

Final: _____ Approved/Exp.: _____ Denied

Employee #: _____ Date: ____/____/____

CDLIS: **CSR** **CDR**

SI: SI: SI:

UA: _____ CSR: _____

Match No Match Pending
Eligible Not Eligible Error Lic

PDPS:

SB: _____

License Surrender: YES NO

CDL: YES NO

10 Year History: Received Completed

ISS: _____ EXP: _____

State: _____ Endorsement: _____

License #: _____

UT LICENSE #

UT ID #

FULL

LEGAL NAME: _____
Last First Middle SuffixDATE OF BIRTH: _____ Social Security # or ITIN: _____
mm/dd/yyyy (This information will not show on your Driver License or ID Card)

UTAH RESIDENCE

ADDRESS: _____
Number/Street/Apartment City Zip CodeMAILING ADDRESS: _____
PO Box/Number/Street/Apartment City Zip Code

HEIGHT: _____ FT. _____ IN. WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ GENDER: Male / Female

Applicant's Place Of Birth: _____ Mother's Maiden Name: _____
State/ Country Last First**NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.**☐ YES☐ NO

Are you a U.S. Citizen?

☐ YES ☐ NO

Are you a legal permanent resident alien or a U.S. National?

☐ YES ☐ NO

If you are a citizen of another country, do you have evidence of lawful presence in the United States?

☐ YES☐ NO

I would like to register my desire to be an organ, eye, and tissue donor (lifesaving anatomical gift.)

☐ YES☐ NO

Are you a U.S. Military Veteran?

☐ YES☐ NO

If yes, do you authorize sharing this information with the Utah Division of Veterans affairs for the purpose of identifying veterans and disseminating veteran benefit information?

☐ YES☐ NO

If you have been honorably discharged from the U.S. Military, would you like to have a VETERAN indicator on your driver license or ID card?

☐ YES☐ NO

Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?

☐ YES☐ NOIf you are **not** registered to vote where you live now, would you like to register to vote today? (*U.S. Citizens Only*)☐ YES☐ NO

Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces:

_____ Exp. Date _____ | # _____ Exp. Date _____

☐ YES☐ NO

If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list:

_____ Exp. Date _____ | # _____ Exp. Date _____

☐ YES☐ NO

In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: # _____

Why _____

☐ YES☐ NO

Are you required to carry a medical certificate (DOT Card?) If yes, are you in compliance? _____ Certificate expires: _____

☐ YES☐ NO

Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?

☐ YES☐ NO

Do you wish to contribute \$2.00 to educate people about organ, eye and tissue donation?

☐ YES☐ NO

Do you wish to contribute a \$1.00 donation to the "Mobility Assistance Fund?"

☐ YES☐ NO

Do you claim to be disabled under the Americans with Disabilities Act?

☐ YES☐ NO

Do you claim to be indigent and are applying for an ID card for voting purposes?

Print the name of the person signing for minor: ☐ Father ☐ Mother ☐ Guardian _____

Original	License Fee \$ _____	Cash
Renewal	Rein Fee \$ _____	Check
Lapsed	Admin Fee \$ _____	Credit
Renew 65	ID Fee \$ _____	Voucher
Lapsed 65	Other \$ _____	
Minor	Charity Fee \$ _____	
Provisional		
Duplicate	TOTAL \$ _____	Emp Initials
Retest Fee		

Examiner Notes and Completed Date Stamp:

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?

<input type="radio"/> YES	<input type="radio"/> NO	A	Diabetes	(High blood sugar, sugar diabetes you control with diet, medication or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety?
<input type="radio"/> YES	<input type="radio"/> NO	B	Cardiovascular	Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) unable to be controlled with medication?
<input type="radio"/> YES	<input type="radio"/> NO	C	Pulmonary	Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of breath which has required treatment?
				<input type="radio"/> YES <input type="radio"/> NO Is an inhaler the only medication prescribed for this condition?
				<input type="radio"/> YES <input type="radio"/> NO Are you required to use supplemental oxygen while driving?
<input type="radio"/> YES	<input type="radio"/> NO	D	Neurologic	Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety?
<input type="radio"/> YES	<input type="radio"/> NO	E	Epilepsy	Seizures or other episodic conditions which include any recurrent loss of consciousness or control?
				<input type="radio"/> YES <input type="radio"/> NO Commercial: Anytime during your life.
<input type="radio"/> YES	<input type="radio"/> NO	F	Learning and Memory	Learning and memory difficulties observed personally or reported to you by others?
<input type="radio"/> YES	<input type="radio"/> NO	G	Psychiatric	Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, etc.) or other conditions for which hospitalization has occurred or been recommended by a physician or other mental health professional?
<input type="radio"/> YES	<input type="radio"/> NO	H	Alcohol and Drugs	Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency?
<input type="radio"/> YES	<input type="radio"/> NO	I	Vision	Do you wear glasses?
<input type="radio"/> YES	<input type="radio"/> NO			Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?
<input type="radio"/> YES	<input type="radio"/> NO			Do you have degenerative or progressive eye condition?
<input type="radio"/> YES	<input type="radio"/> NO			Have you experienced a decrease in peripheral (side) vision?
<input type="radio"/> YES	<input type="radio"/> NO	J	Musculoskeletal Chronic Debilities	Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment?
				<input type="radio"/> YES <input type="radio"/> NO New or changed in the past 5 years?
				<input type="radio"/> YES <input type="radio"/> NO Present longer than 5 years?
<input type="radio"/> YES	<input type="radio"/> NO	K	Alertness or Sleep Disorders	Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.?)
<input type="radio"/> YES	<input type="radio"/> NO	L	Hearing Impairment	Only if you are a Commercial driver – no hearing requirements have been established for Regular Operator license.
<input type="radio"/> YES	<input type="radio"/> NO		Balance (ENT Problems)	Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuronitis or labyrinthitis?)
<input type="radio"/> YES	<input type="radio"/> NO		Other	Other health problems or use of medications which might interfere with driving ability or safety? Please explain:



PLEASE STOP AND TAKE THE COMPLETED FORM TO AN EXAMINER